

The Actual Situation Survey of Community Centers to Support Child Care (“Kosodate” Support Centers) in Aomori Prefecture in Japan : Consultations Regarding the Anxiety of Child-rearing for Housewives

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Abstract

The purpose of this study is to evaluate the actual situation of *community centers to support child care* in Aomori prefecture in Japan. This investigation used a mail survey, which was answered by the childcare staff at such centers. The response rate was 52.9% (45 centers). The results of the questions regarding the method of consultation or guidance were; “On telephone consultation” in 43 centers (95.6%). The major role of *community centers to support child care* is thought to be helping parents to cope with the anxiety of child-rearing (91.1%). However, they were not thought to be useful for preventing child abuse (51.1%).

Key words: *community centers to support child care*, child-rearing, child abuse, consultation

INTRODUCTION

Recently, the declining birthrate has worsened in Japan. Moreover, child abuse has increased. Under these conditions, it is necessary for the community to provide mothers with information regarding child care and support¹. *Community centers to support child care* are considered to be a key component of child care support in Japan.

Community centers to support child care (kosodate support center) are mainly set up as an annex to day-care centers (in other words, a nursery school or day nursery) for children. A few *community centers to support child care* are also attached to infant homes and pediatric hospitals². *Community centers to support child care* are not educational facilities (e.g., pre-K) but they do provide various welfare services.

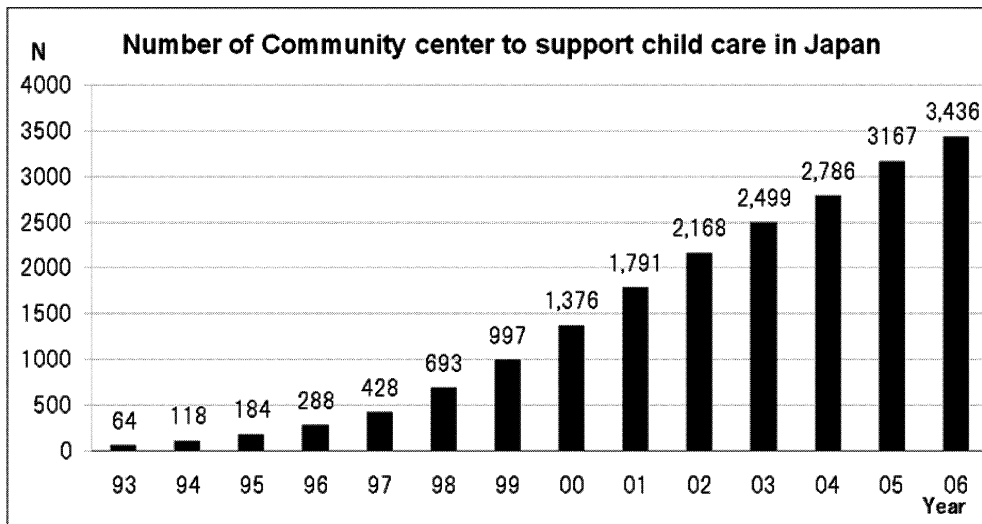


Fig. 1 Number of community centers to support child care

The support of *community centers to support child care* is provided by the Ministry of Health, Labour and Welfare. The main objects of these government projects are to provide child care support to child-nurturing homes in the region. The focus of their activities are consultations concerning the anxiety of child-rearing, and support to the child care clubs. The target population is not women laborers but housewives and their children. However, they are also not from low-income and working class families.

There were 3,436 centers in the whole country in 2006(Fig. 1). The management are municipalities (1,678 centers), social welfare corporations (1,662 centers), foundations (33 centers), medical corporations (4 centers), Non Profit Organizations (NPOs, 23 centers), and others (36 centers ; calculated using statistics from the Ministry of Health, Labour and Welfare in 2007).

This project was started in 1995. The precedent project was from 1989 and model project was from 1993³. The size of the projects is two-fold, namely, large-scale and small-scale. For large-scale centers, a subsidy of about 7.8 million yen per year is granted by the government and the municipality. However, the subsidy for small-scale centers is 2.5 million yen. Most of this difference results from personnel expenses. The number of full-time childcare staff in the large-scales centers is two people. In addition, this project was changed a little from April, 2007. The small-scale shifts to an open space type or to a center type by March, 2010.

When the mothers and children in a given region use the *community center to support child care*, the service charge is basically free of charge. Generally speaking, the membership fee costs a few hundred yen a month (e.g., insurance fee, telephone charges). In addition, depending on the services offered, an additional small fee is sometimes incurred (e.g., teaching materials, eating and drinking).

On the other hand, the data concerning such *community centers to support child care* have not yet been accumulated in Japan. However, understanding the nature of such centers and evaluating the present conditions are considered to be important regarding the future of this project. The only national investigation was reported by Kashiwame *et al*⁴. The reason for a lack of nationwide investigations may be due to the size of *community centers to support child care* in Japan. However, several small-size studies do exist on the prefecture level, as well as in Tokyo, Hokkaido, Osaka, and Kyoto. A few previous studies have clarified the actual situation, as follows. Gifu prefecture was investigated by Imamura and Murai⁵. Okayama prefecture was investigated by Nakano⁶. And Shizuoka prefecture was investigated by Yamada and Kawashima⁷.

Takizawa^{8,9} published a study on the problems and the role of the *community centers to support child care* in Japanese. The purpose of this study is to elucidate the actual situation of *community center to support child care* in Aomori prefecture.

METHOD

Investigation region

The investigation region for this study was Aomori prefecture in Japan. The Aomori prefecture is located at the northern end of the main island of Japan. The population of Aomori prefecture has 1 million 452 thousand people (National Statistics Bureau 2004). Moreover, the number of children (0-6 years old) attending authorized day-care centers is 33,208 (Ministry of Health, Labor and Welfare, 2004).

Subject

The focus group was all the *community center to support child care* certified by the local governments in the prefecture. There were 85 *community centers to support child care* in Aomori prefecture (obtained from the list of 2004). The method of inquiry was a mailed survey. The director or childcare staff of the *community center to support child care* was requested to complete a self-administered questionnaire. The investigation period was from July to October 2005. The response rate was 52.9% (45 centers) in the Aomori prefecture.

The questionnaire was composed of several elements for the overall investigation of the *community centers to support child care* (e.g., background, staff, enterprise contents, characteristic, role, and problem). This paper mainly focuses on the services, consultation, and role, in order to clarify situations.

Ethical protocol

This study does not address the personal information of its subjects. The front of the mailed survey included an agreement sentence and informed the participant of their consent. We explained that participants were able to refuse to answer any questions if they so desired.

RESULTS

Background

The *community center to support child care* of 29 centers (64.4%) adjoined to the day-care centers of same foundation. The distinction of staffs between the *community center to support child care* and day-care center is as follows. “Irrespective of belonging to, no distinction of duties” in 18 centers (40.0%). “Holds the posts concurrently” in 14 centers (31.1%). And “Work completely separately” in 5 centers (11.1%).

The results of question on the class which the features the mothers who make the most use of the center were; (this question allowed plural answers) “Mother of a 1-year-old child” in 36 centers (80.0%). “Mother of a 2-year-old child” in 31 centers (68.9%). “Mother of 0 years old child” is 27 centers (60.0%), and “mother of a 3-year-old child” in 6 centers (13.3%).

Service

The results of the questions regarding the support menus were (14 choices, plural answers); “The invitation to events at the day-care centers” is 41 centers (91.1%). “Child care support by telephone” in 37 centers (82.2%). “Lectures on child care (mother class)” in 35 centers (77.8%). “The publication of news letter” in 34 centers (75.6%). “The opening of the garden of the day-care centers” in 34 centers (75.6%). “Assist and support of the club activities of child care” in 26 centers (57.8%) “A system for lending books” at 25 centers (55.6%) (Table 1).

Consultation

The results of questions regarding the method of consultation or guidance were (5 choices,

Table 1. Child care services that are offered

support menus	n	%
Invitation to events of the day-care centers	41	91.1
Child care support by telephone	37	82.2
Lecture on child care (mother class)	35	77.8
Publication of news letter	34	75.6
Opening of the garden of the day-care centers	34	75.6
Assist and support of the club activities of child care	26	57.8
Book rental	25	55.6
Providing games for parents and children	24	53.3
Experiences in day-care centers	24	53.3
Room for child care	21	46.7
Care of schoolchildren after school hours	18	40.0
Rental of playground equipment	13	28.9
Rearing volunteer	6	13.3
Others	3	6.7

Table 2. Number of consultations per month

(times)

	Total	Telephone consultation	Home visit	Private room interview	In day-care centers	Unknown
Average per month	9.7	5.4	4.0	3.8	5.9	4.5
Max	90-120	60-70	12	12	30	12

with plural answers); “By telephone consultation” in 43 centers (95.6%). “In day-care centers (e.g., club activities, child care salons)” in 35 centers (77.8%). “Private room interview” in 20 centers (44.4%). “The home visit” in 8 centers (17.8%). “Nothing” in 0 centers (0%).

The number of consultations per month on the average was 9.7 times. The fewest replies were “several times in a year” and “1 to 2 times per month”. The most frequent reply was “90 to 120 times per month”. In addition, “less than three times in a month” at 18 centers (40.0%).

The number of consultations in a month on the average, according to the consultation method(effective answers were obtained from 42 centers); “In day-care centers” 5.9 times. “By telephone consultation” was 5.4 times, and “By home visit” was 4.0 times. In addition, “Private room interview” was 3.8 times (Table 2). There was no remarkable difference in the consultation method.

The results of questions concerning having had difficult consultations from the mother were (5 choices, plural answers); “consultations regarding medical content” in 15 centers (33.3%). “Consultations involving someone else’s family affairs (e.g., debt, relations with the husband)” at 13 centers (28.9%). “Serious problems (e.g., divorce, domestic violence, suicide)” at 6 centers (13.3%). “The same person and frequently” at 4 centers (8.9%). “Places and times are insufficient” at 3 centers (6.7%), and “Others” at 5 centers.

Function

The results of the questions concerning the role of the center were; “The whole of support of child care in the community” at 36 centers (80.0%). “Coping with the anxiety of child-rearing” at 41 centers (91.1%). However, “the prevention of the child abuse” was only addressed at 23 centers (51.1%).

DISCUSSION

Ten years have passed since this project started. The *community center to support child care* includes more than 3,400 centers in the whole country. Appropriate evaluation is necessary. However, a survey of the whole country is quite difficult when the scale of this project is taken into consideration. Therefore, the investigation of an individual prefecture is simpler considering of the sample size of the investigation. The accuracy of the investigation by mailed questionnaires might be not higher than interviews. However, this study was able to

grasp the actual situation of the *community centers to support child care* in the Aomori prefecture because good cooperation was obtained (45 centers).

The support of mothers by groups and club activities are important in order to establish an environment where young mothers can exchange the information on child care with each other. The peer support between mothers reduces the stress of child-rearing. Moreover, observational learning and imitation learning improve the childcare ability of the mother¹⁰. On the other hand, the childcare staffs support the club activity by providing a location and then guiding the mothers in how to play with kids. In spite of these effects, according to these findings “Assisting and supporting the activities of child care” occurred in only 26 centers (57.8%). This may be due to the fact that some childcare staff members replied that supporting both a group and the club tended to be difficult.

The main roles of *community centers to support child care* are consultation and guidance. In this investigation, consultations by telephone (child care support with the telephone) was high (82.2%). However, consultation concerning, “Medical advice” and “family affairs” embarrassed the childcare staffs who are not counselors. As they come to understand more about the parent’s mental health in the community, they may experience their own professional growth as childcare staff members¹¹.

Consultations concerning the anxiety of child-rearing are regarded as the one of the methods to decrease child abuse¹². The problem of child abuse is serious in Japan. The number of child deaths(0 to 18 years old) due to child abuse reached 51 individuals in 2004, 38 individuals in 2005, and 59 individuals in 2006. The physical abuse and neglect (neglect; remarkable reducing children intake of food, or leaving children with hardhearted condition for a long time) are the main causes (Statistics of the police, 2007). In 55% of the incidents, the assailant is the birth mother. Moreover, 48% of the deaths from child abuse are infants than 1-year-old (Ministry of Health, Labour and Welfare, 2004).

Recently, social ties in the community have decreased and the network of mothers has become weak. The child abuse prevention in a region is expected to be a primary role of the *community center to support child care*.

However, contrary to our expectations, the child abuse prevention in the *community center to support child care* is not among their primary activities. In this investigation, the number to fulfill the role of child abuse prevention was 51.1%. Why do they play so small a role? First, the staff described this situation as follows: “The people who should use the center do not use the center.” Secondly, studies have shown that home visits are effective in the prevention of the child abuse¹³. However, in this investigation, consultations by the home visits were only conducted by 8 centers (17.8%).

There were a few limitations to this study. Qualitative information was not obtained from the questionnaire. In addition, Aomori prefecture is in an agricultural area. This finding does not clarify the actual situation in the centers throughout Japan.

In conclusion, this study was conducted to evaluate the *community centers to support child care* in Aomori prefecture. Although, telephone consultations were conducted at 43 centers

(95.6%), home visits were only carried out by 8 centers (17.8%). In addition, only half of all centers (51.1%) reported that they played some type of role in the prevention of child abuse. This research therefore suggests the necessity for the functional enhancement of *community centers to support child care*.

ACKNOWLEDGMENTS

The part of this research had presented in a 10th World Congress of the World Association for Infant Mental Health. This study was subsidized by Hachinohe Junior College Supporter's Association. In addition, the students of the department of infant childcare in Hachinohe Junior College helped with this investigation. The authors would like to Professor Brian Quinn of Kyushu University, for his kind advice on the English usage.

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